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The Native American Patient Population: A Guide for Physical Therapists

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THE NATIVE AMERICAN PATIENT POPULATION:
A GUIDE FOR PHYSICAL THERAPISTS

by

Carrie Luiken
Bachelor of Science in Physical Therapy
University of North Dakota, 1998

An Independent Study

Submitted to the Graduate Faculty of the

Department of Physical Therapy

School of Medicine

University of North Dakota

in partial fulfillment of the requirements

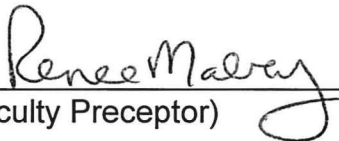
for the degree of

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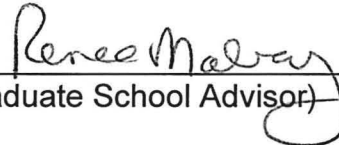
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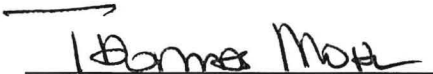
This Independent Study, submitted by Carrie Luiken in partial fulfillment of the requirements for the Degree of Master of Physical Therapy from the University of North Dakota, has been read by the Faculty Preceptor, Advisor, and Chairperson of Physical Therapy under whom the work has been done and is hereby approved.



(Faculty Preceptor)



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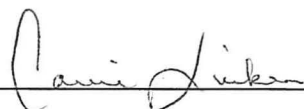
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To my parents for all of their encouragement to help me get this far.

ABSTRACT

For a physical therapist in the state of North Dakota, it is important to be knowledgeable about the Native American cultures in order to provide the best possible health care. A knowledge of the patient's culture is essential to enhance communication which will help the therapist identify the patient's needs and form a plan of care. Enhanced communication also establishes the physical therapist's credibility and trustworthiness in the eyes of the patient.

The purpose of this paper is to orient the physical therapist to some shared aspects of Native American cultures and to provide information to facilitate effective communication between the physical therapist and Native American patient. Upcoming chapters discuss aspects of Native American culture including family, beliefs related to health and illness, communication, secondary health problems as well as how these relate to the practice of physical therapy.

CHAPTER I

INTRODUCTION

Culture has been defined as “the characteristic pattern of attitudes, values, beliefs, and behaviors shared by members of a society or population.”^{1(p133)} One’s culture influences every aspect of his interactions with others and gives an individual a sense of belonging. A cultural group shares codes of conduct and rules of communication which other groups may not understand.² These codes and rules are learned within the cultural group and concepts are passed on between generations by groups such as the family, church, or social organization.¹

Hundreds, even thousands, of cultural groups exist in the United States today. Within the Native American population alone, there is great diversity and hundreds of different cultural groups. According to the United States federal government, there are more than 500 American Indian and Alaska Native tribes recognized in the United States.³ Within this large group, it is important to recognize that “no ‘all-encompassing’ Native American culture exists. As much cultural diversity is seen between the tribes as exists between Anglos and Hispanics.”^{3(p7)}

For the physical therapist in the state of North Dakota, it is important to be knowledgeable about the Native American cultures in the state in order to provide the best possible health care. This knowledge includes recognizing the impact a patient's cultural background has on health care.⁴ "Cultural factors significantly influence the Native American's perspectives of traditional professional health care practices."^{5(p295)} As a result, it is crucial that the physical therapist understands, respects, and shows sensitivity towards the Native American patients' views. Cultural ignorance and insensitivity can neutralize positive outcomes of interactions between the patient and therapist.⁵

Another reason to be knowledgeable about Native American cultures is to enhance communication. Effective communication is essential to identify the patient's needs and form a plan of care. Proper communication establishes the physical therapist's credibility and trustworthiness in the eyes of the patient. It also provides the means for the patient to receive the most effective education in order to accept the information and incorporate it into his or her lifestyle.

Obviously, it is impossible for the physical therapist to be an expert on the culture of every patient he sees. It is more helpful to be sensitive to the individual and his values by putting aside one's own values and prejudgments.⁶ This allows the therapist to start with a clean slate and build his knowledge about a particular patient.

The purpose of this paper is to orient the physical therapist to some shared aspects of Native American cultures and to provide information to

facilitate effective communication between the physical therapist and the Native American patient. Upcoming chapters will discuss aspects of the Native American cultures including family, beliefs related to health and illness, communication, and secondary health problems as well as how these relate to the practice of physical therapy.

CHAPTER II

THE NATIVE AMERICAN FAMILY

“The family is our first culture, and like all cultures, it wants to make known its norms and mores. It does so through daily life. . .”^{7(p7)}

The family context develops many of our conceptions and guides our decisions in life. The family has a considerable role in influencing an individual from childhood to maturity. It helps formulate beliefs about health and illness which will affect a patient's response to treatment. The family can also be a strong motivating or de-motivating factor in an individual's rehabilitation.

Because of these issues, a patient's family organization and relationships must be understood in order to properly educate and communicate with them.¹ This understanding provides insight into the patient and gives a guideline as to the most effective way to communicate and involve the family in the patient's therapy. In this chapter, the traditional Native American child rearing practices, family roles, and values will be discussed as well as implications for physical therapists.

Family Structure

Even with the broad diversity within Native American cultures, there are many similar perspectives about child rearing. These views most likely evolved

from the expected roles the children must assume as adults and the spiritual view of respecting all things equally.^{6,8} Children are viewed from birth as important members of society who are respected as adults are respected. Children, therefore, are given great freedom to learn through their own experience and observations.⁸ Child-care is focused on giving children minimal direction and being responsive to their wishes. Any direction given to a child is given mainly with nonverbal cues and not through strict guidelines to conform.⁸ The basis of these beliefs is the underlying spiritual views of Native Americans in which all things should be equally respected.⁸

The grandparents and elders of Native American societies are honored, welcomed, and respected for their knowledge and life experiences.⁹ In hunting and gathering societies of the past, the grandparents often had the responsibility of rearing young children.⁸ The grandparents performed duties for which the parents did not have time.¹⁰ Today, the grandparents may have an important role in teaching family values to the children.⁹ Often, this is done through telling stories and legends which have been passed on through many generations. These are told to those children who will most likely share them with future generations and they are the source of much valued information.¹⁰ These stories and legends concentrate on defining things which are considered important to the family. In this way, the family's culture is passed on from generation to generation.

Not only do grandparents have an important role in the Native American family, but other members of the extended family may be very central as well.⁹ The Native American family may consist of an "extended family structure that usually included relatives from both sides of the family . . ." ^{11(p13)} At the heart of this extended family is a strong sense of unity. The extended family may or may not share a household, but there are close relationships and shared responsibilities whether or not they live in the same home. It is important for the whole family to become centered on the child and participate in his upbringing.¹⁰ Depending on the beliefs of each family, every member of the extended family may have a specific role in the family and in the rearing of the child. Men may claim their brother's sons as their own because they share the same blood.¹⁰ Uncles and aunts may discipline a child or fill in the parental role when a parent is absent. Cousins may refer to each other as "brother" or "sister."⁸ By doing this, the cousin is awarded the same level of respect as if he were a sibling.

The issue of respect is at the core of the Native American family values. As previously stated, grandparents are highly regarded in most Native American families. They are respected for their collective wisdom which has been obtained from years of experience.

Another value which may be present in the Native American family is the concept of individual freedom. This means that the individual is able to make his own choices and accept the responsibilities that stem from the results of these choices.⁵ An example of individual freedom is the child-rearing style mentioned

earlier in this chapter. The child is given great freedom and is allowed to seek his own wishes and needs. As a result, he must also deal with the consequences.

Even though individual freedom is stressed in the Native American family, it is the benefit of the group and/or family which is most important. Therefore, generosity is highly valued. This stems from the Native American belief that no one can own Mother Earth and her bounty belongs to everyone. By sharing with others without wanting to receive honor, the Native American may believe he is honoring the Great Spirit.⁵ Within the extended family, each member is encouraged to develop his talents in order to share them with the group. A success for one person is considered a success for the entire group or family.⁵

Implications for Physical Therapy

As mentioned earlier in this chapter, the family is very significant in forming an individual's beliefs and values. These beliefs and values include a patient's views about health, illness, and the role of physical therapy. The family influences how a patient reacts to an injury or illness and forms a support structure which can have a positive or negative impact on the recovering patient. It is especially important to involve the family in a Native American patient's rehabilitation since individual achievement may not be a motivating factor. By involving the family, the patient can realize that his motivation towards recovery is to benefit the family structure.

In order for a physical therapist to have the most effective interactions with a Native American patient, his family relationships, structure, and culture must be understood. This allows education and rehabilitation to be incorporated into a patient's lifestyle in a manner which is most familiar to him. The most effective education fits into a patient's frame of reference and feels comfortable within his lifestyle.¹

The most basic, yet most revealing, way to gain an understanding into a Native American family is by observing them in the home setting.⁶ For therapists other than home health therapists, this may not be appropriate. Another option is to observe the patient as he interacts with family members who are present at a therapy session. When conducting an initial evaluation with a Native American patient, it may be most beneficial to reserve a longer time period to allow more time to get to know the individual in his family context and to learn how to communicate most effectively.

Simply by observation, a wide variety of information can be obtained. Questions to think about include: Who answers questions regarding the patient's injury/illness? Does the patient appear independent or does his family do things he should do for himself? How does the family interact and converse with each other? What things seem to be important to the family?¹

In addition to observing the family while conducting the subjective part of the initial evaluation, or simply during a treatment session, the therapist may choose to ask the patient some questions. These questions should be those

that provide an understanding about the patient through information about his family. Questions could include: Do you have family members who could help you during your rehabilitation? If so, how do you feel they could help you? Which family members have helped you the most with your injury in the past? To whom would you go if you needed assistance? Will this injury/illness prevent you from providing for your family in some way?¹ Questions such as these may give the physical therapist information about how the patient's family functions and how education and rehabilitation can be incorporated into his lifestyle.

After information has been gathered by observation and direct questions, it is time to use the information to properly educate the patient and the patient's family. It is important to educate not only the patient, but also the family members who are present since the extended family may be assisting the patient with many tasks. They should receive background information about the patient's condition as well as additional ways that they can assist the patient.

Through observations of the family and direct questions, attitudes within the family can be identified.¹ The therapist must consider the family roles of a patient and family members in order to understand these attitudes. For example, when a Native American parent is unable to perform duties within the family, he or she may experience anxiety or lack of motivation. The physical therapist can look to members of the extended family who may be taking over the parent's role to assist the patient in his or her rehabilitation.

On the other hand, observing family attitudes can also help to identify barriers to the patient's progress. A family member may want to give the patient too much assistance. By doing this, the patient is not allowed to have full independence and perform activities which he should be able to do for himself.¹²

Another barrier may stem from different beliefs about health care. In a Native American family, beliefs about health and illness may be very different from the views held by the physical therapist and traditional medicine. It is important to be sensitive to those views and to educate family members about the rehabilitation program. Not only will this be educational, but it will help to form a trusting relationship between the therapist and family members. In the next chapter, Native American views about health and illness will be examined.

CHAPTER III

NATIVE AMERICAN VIEWS ON HEALTH AND ILLNESS

One's communication about health problems, presentation of symptoms, and evaluation of care received are all influenced by one's culture.¹³ One's perceptions and experiences regarding health and illness are based on explanations about health and illness which are culturally constructed by one's cultural group.¹⁴ A "cultural group" could be described as a group of "individuals who share common beliefs, ideas, experiences, knowledge, attitudes, and behaviors."^{2(p690)} An individual's cultural group helps to form what a patient feels, perceives, and thinks about an illness or injury and how he expresses this to others.¹⁵ This chapter will discuss the Native American cultural group's beliefs about health and illness and implications for physical therapists.

Traditional Health and Illness Beliefs

Native Americans look at illness as the result of disharmony within the forces of life.⁵ This belief indicates a strong connection between the mind and the body. The illness can, in theory, affect the individual's mental health and the mind, body, spirit, and emotions must be treated to restore harmony. By understanding why an illness occurred, it can be prevented from occurring again or from causing further damage.⁸ This view may conflict with modern medicine in

which how a disease occurred is more important than why it occurred.⁸ For Native Americans, the cause of an illness can be natural or supernatural; therefore, treatment can be natural or supernatural with the aid of a healer.⁸

It is the Native American belief that only traditional healers can address the cause of spiritual disharmony which may have caused an illness or injury. Most tribes will have their own names for these traditional healers, although generic terms include medicine man and shaman.⁸ These medicine men and women will use a wide variety of treatments and procedures which combine traditional forms of medicine with that of modern medicine. In addition to medicine men, other specialists such as herbalists and midwives may aid the healers.⁸

Most healers will treat a patient in the family's home where there is more privacy.⁸ This also provides an opportunity to involve family members who may be affected by the individual's illness. The length of treatment time will vary depending on the patient's illness with some treatments lasting days and others lasting as much as one to two years.

Healers rely primarily on botanical and herbal remedies which require secretive preparation and ceremonial application.⁵ There are at least 200 botanical drugs which are listed in The Pharmacopoeia of the United States and the National Formulary that were used by Native Americans in pre-European times.⁸ Examples of these botanical remedies include the black-eyed susan root which is used as a drink to treat edema or pine bark paste used to treat burns.⁵

Botanical medicines and folk remedies in Native American communities have declined in recent years, most likely due to advances in scientific medicine and the ability to manufacture synthetic medicines with the same properties.¹⁶ Despite this decline of traditional medicines, the Native American patient may seek modern health care as a last resort.

The perception of pain varies between cultures and its meaning and responses are determined by one's culture. The individual learns how to respond to pain by observing how those in his society respond to pain. The response of a patient's family and friends to his expressions of pain can greatly affect his recovery.¹⁵ The Native American patient has traditionally been taught to resist the expression of pain.⁵ This comes from a Native American value of courage in which a person must overcome fear in order to do the right thing.⁵ A lack of expression of pain may pose a problem for a physical therapist treating a Native American patient and its implications will be discussed in the following section.

Implications for Physical Therapy

Health care workers, such as physical therapists, may be described as a "cultural group" due to a knowledge base which is different than that of the general public.² There is a bond within the group due to common experiences and codes of conduct in which all members of the group participate. In the same way, there is a culture of patients and the two groups may have different views about health and illness issues. These differences "may affect patients'

receptivity to patient education, their perception of the health professional's expertise and trustworthiness, and their willingness to accept information and incorporate it into their lifestyle."^{1(p130)} Therefore, the physical therapist should be knowledgeable about the patient's views on health and illness in order to provide effective health care. It is important to realize that beliefs about health and illness between the two groups may be vastly different and conflicts can often result when the groups work together.¹ These differences may be even more extreme when the patient is from a different culture than the therapist.

The physical therapist must understand the role of non-traditional healers and non-traditional health care since the Native American patient may look to them for guidance during a time of illness or injury. One reason to have this understanding is to prevent a "cultural distance" from forming between the therapist and patient.²

Another reason to be knowledgeable about folk medicine is because some treatments could be potentially harmful or interfere with the rehabilitation process. The therapist should categorize these practices as neutral or harmful and act on them accordingly.⁶ Folk remedies and treatments generally do not have major adverse effects, but occasionally there may be problems.² These traditional health care practices generally serve deep psychological needs and the physical therapist should be sensitive to the desires of the patient as long as treatments are not harmful.

Questioning the patient may be a beneficial way to determine to whom the individual goes for advice and what treatments, if any, he may be receiving from other sources. Questions may include: "What do you think is the cause of your illness/injury? What advice/treatment have you received from other practitioners? What treatment do you wish us to provide?"⁶⁽⁷⁴⁾ Questioning in this way can give the physical therapist information about the patient's beliefs regarding health and illness. If the patient's beliefs are conflicting with those of the therapist and modern medicine, treatment may need to be adjusted in order to be compatible with the patient's beliefs.⁶

The type and degree of injury or illness and duration of the rehabilitation program will affect a patient's reaction to a particular impairment. Depending on the patient's culture, certain societal roles are expected. If a patient is suddenly unable to perform a specific role due to an injury, anxiety and depression may follow.¹⁵ For example, in a Native American extended family, the grandmother may be the one providing child care for her grandchildren. If she becomes unable to provide care, excessive stressors will be placed on the family. It is important for the physical therapist working with a patient in a similar situation to be sensitive to the Native American patient's sociocultural roles and find ways to incorporate rehabilitation into the patient's lifestyle.

The physical therapist must understand that a Native American patient may resist the expression of pain. By not showing outward signs of pain, the recovery process could be prolonged and the patient and therapist will not be

communicating effectively. The physical therapist may realize that a stoic patient may be experiencing considerable pain.⁵ Inquiries regarding the level of pain and the individual's wishes regarding pain relief will help the therapist make appropriate adjustments in the treatment program.⁵ Effective communication is at the core of this concept and will be discussed further in the following chapter.

CHAPTER IV

NATIVE AMERICAN COMMUNICATION ISSUES

Communication is a very important aspect of the physical therapy profession. Communication is involved in forming a diagnosis, education, and most importantly, in forming relationships with patients. When a physical therapist seems genuinely interested in a patient, the patient is more likely to reveal information. This enhances rapport and allows the therapist to have a larger repertoire of knowledge.¹⁷ However, communication problems can occur when a physical therapist assumes that communication and behavior styles are universal. Communication and behavior styles can differ greatly between cultures. It is important for a therapist working with a Native American patient to be knowledgeable about differences which may arise. This prevents alienation which could cause a block in cross-cultural communication.¹⁷ In this chapter, Native American communication styles will be discussed as well as implications for physical therapists.

Traditional Communication Styles

The Native American culture has a rich heritage of non-verbal communication.⁹ Indian nations of the Great Plains spoke many different languages. In order to develop trade and political alliances, a sign language

known as Plains Sign Language was developed to cut across verbal language barriers.⁸ A written language was not absolutely necessary until Native Americans were forced to interact with the American culture.⁹ Because of a heritage of non-verbal communication, Native Americans learn by listening, watching, and experiencing. Long periods of silence may be typical in a conversation.⁹ This is a normal part of the conversation and is an opportunity for the individual to formulate thoughts and develop words with significance.¹²

Eye contact is another aspect of communication which may cause misunderstandings between the physical therapist and a Native American patient. Many Native Americans believe that direct eye contact is disrespectful.¹² In order to show respect for authority, a Native American patient may avoid eye contact while someone is speaking to them.⁵ This may be misinterpreted as showing a lack of interest while in fact it is just the opposite.

The issue of time is an important consideration when working with a Native American patient. It is a subject which can cause miscommunication unless it is understood by the therapist. In the Native American culture, living in the present is more highly valued than living in the past or future.⁹ Because of this, Native Americans do not worry about or value time, and time is not structured in their day-to-day lives.⁹ For example, it would be important for a Native American to finish a conversation he was having in the present even if it meant he was 20 minutes late for a meeting at a different location. This is quite different from the majority of Americans who would cut their conversation short in

order to be on time for an appointment. These examples demonstrate how time orientation can vary cross-culturally and how frustrations can arise if differences are not understood.

Implications for Physical Therapists

“The single most important theme in gaining entry to the Native American community is the establishment of a trusting relationship with both groups and individuals.”³⁽⁹⁾ In order to build trust, the therapist working with a Native American patient must have an understanding of Native American communication styles. This will create more effective interactions and ultimately will positively affect the therapeutic process.

The physical therapist must understand that a Native American may not accept information or perform a prescribed regimen just because of the therapist's credentials. Open communication is necessary to build trust and allow the patient to see that he is respected and valued. Therapists who lack knowledge may unconsciously have stereotypical views about the Native American culture.¹ This may cause the therapist to treat all Native American patients the same way which obviously is a barrier to effective communication.

For a physical therapist working with a Native American patient, it is important to realize that non-verbal communication has a significant impact on the communication process. For instance, lack of eye contact when being spoken to is a type of non-verbal communication which a Native American patient may exhibit.⁵ The therapist, if uninformed, may assume that the patient is

showing disrespect or that he is not listening. The patient and therapist will not communicate effectively and the therapeutic process will be impeded. Non-verbal behaviors usually occur without the patient having any knowledge of them. In order for the physical therapist to avoid communication problems, it is crucial to acknowledge the importance of non-verbal behavior to the Native American patient as well as ways to use it constructively in the rehabilitation process. For example, handouts and other forms of written communication can help supplement verbal patient education. These will serve as a reference to a patient who may not respond as well to a significant amount of verbal communication. When explaining a new exercise or home exercise program, the physical therapist can demonstrate the exercises in addition to simply describing them. This combines verbal and non-verbal behavior in order to communicate more effectively with a Native American patient.

The issue of time can have a negative impact on the communication process if differences between the Native American patient and physical therapist are not addressed. Native Americans, as stated earlier, tend to be present-oriented.⁶ This may mean that preventive health care measures are ignored.⁶ For the physical therapist, this poses a special challenge to properly educate the patient as to the benefits of preventive physical therapy. Another example of communication problems which can arise is a patient who shows up late for appointments, or does not show up at all. This can be the source of much frustration for a busy therapist who is trying to stay on schedule. This is

another challenge for the therapist to accommodate a patient who may not come at his designated time. Tactful communication is necessary to make the patient aware of time constraints and the necessity of being on time.

In a previous chapter, the issue of the expression of pain was discussed. Native Americans value courage and as a result are taught to resist the expression of pain.⁵ This can be a barrier to communication for a therapist who is trying to form a diagnosis and treatment plan. The Native American patient may not volunteer information about his symptoms, so specific, direct questions about the pain are necessary.

In this chapter, Native American communication styles were addressed as well as implications for physical therapists. In the following chapter, Native American secondary health problems will be discussed along with implications for physical therapy.

CHAPTER V

CHRONIC HEALTH PROBLEMS

Several common, chronic health problems occur at a higher rate among Native Americans and seem to plague their population.⁵ Non-Insulin-Dependent Diabetes Mellitus (NIDDM), alcoholism, suicide, and tuberculosis are some of the more prevalent conditions which must be examined and addressed by a physical therapist working with Native American patients. To assume that every Native American patient will have one or more of these conditions is incorrect. However, it is important for the therapist to be aware of these problems as well as the impact they may have on effective health care. In this chapter, NIDDM, alcoholism, suicide, and tuberculosis will be examined within the context of the Native American community. The implications for physical therapists will be discussed as well.

NIDDM

The occurrence of NIDDM in the Native American population is 139% higher than that of the general population.⁵ “The relative importance of genetic heritage, diet, exercise, socioeconomic status, culture, language, and access to health care in the prevalence, incidence, and mortality of diabetes is not

clear.”^{18(p221)} However, some common environmental and genetic explanations are available.

Studies have shown a link to NIDDM between genetic susceptibility and environmental factors related to westernization.¹⁹ These environmental factors include diets higher in calories and fat but lower in fiber, and a decreased need to expend energy because of labor-saving devices.¹⁸ The prevalence of obesity has been shown to be 34% in Native American men and 40% in Native American women.²⁰ Centralized obesity, around the waist and abdomen, carries a greater risk for NIDDM, and Native Americans have higher rates than the general population.¹⁸ Physical activity rates in the Native American population are also lower than the general population.¹⁹

In addition to environmental factors, Native Americans may have a “thrifty gene” which promoted survival when food resources were scarce.¹⁸ This gene may now be maladaptive and actually influence NIDDM susceptibility.¹⁹

Because Native Americans are at an increased risk of NIDDM, they are also at an increased risk of diabetes complications including neuropathy, nephropathy, retinopathy, and lower-extremity amputations. The incidence of end-stage renal disease is 6.3 times higher for Native Americans than the general population.¹⁸ Retinopathy rates are higher in Native Americans, but findings are less consistent than those of neuropathies.¹⁸ Amputation rates are variable according to the Indian Health Service data, but rates tend to be higher among Native American men than women.^{18,20}

Alcoholism

Alcoholism, which occurs at a rate 312% higher than the general population, is another problem plaguing Native Americans.⁵ It can result in family problems, fetal alcohol syndrome, mental illness, suicide, homicide, and other related problems.^{3,5} Statistics indicate that approximately 95% of Native American families are affected in some way by a family member's alcohol abuse.³

There are many theories based on biological, psychological, and social indicators which may help explain the relationship between Native Americans and alcohol. Genetic theories suggest that Native Americans become physiologically intoxicated more quickly and easily and are at a greater risk of becoming addicted.²¹ Psychological and sociological theories suggest that drinking problems may be the result of sudden, involuntary changes such as alterations in economic status or the family structure.²¹ Alcohol provides short-term relief from anxiety and insecurities brought about by these changes.²⁰

Suicide

Suicide is a problem closely linked to alcoholism. The suicide rate for Native Americans is three to ten times that of the general population, but is highly dependent on the tribe being studied.³ In North Dakota, there is considerable variability among the tribes. Eighty-four Native American suicides were recorded in North Dakota between the dates of January 1, 1978, and

September 30, 1993.²² Forty-six of these occurred on reservations, tribal or trust land.²²

The high suicide occurrence among Native Americans “is symptomatic of stress, deep personal struggles, and feelings of helplessness.”^{5(p300)} Suicide is not a new problem among Native American people. Literature suggests that among certain tribes, suicide was used as a form of revenge against an enemy who would be held responsible for the individual’s death.²⁰ Suicide could also be used for motives involving jealousy, shame, or marital problems.²⁰ However, these suicides seemed to occur among the elderly and infirm which contrasts today with the majority of suicides occurring among young adults.²⁰ These suicides occur mainly among males and especially those who are caught between cultures.^{3,20} This refers to Native American men who may be seeking a way off the reservation, but are unable to make the change. The stress of the situation can cause deep feelings of helplessness, and in extreme cases, suicide.

Tuberculosis

The tuberculosis rate among Native Americans is 220% higher than the general population.⁵ As with the other health problems discussed in this chapter, there is not one explanation for this high rate of occurrence. A combination of environmental and genetic factors is most likely to blame.¹⁹ Environmental factors, such as prolonged close contact with an infectious source, contribute to the acquisition of the bacillus.²⁰ However, many people who are infected never

develop the disease.²⁰ The risk of developing the disease is linked to genetic factors, such as sex, race, and body build.²⁰ Explanations about why Native Americans seem especially susceptible to infection continues to be controversial and data are lacking.

Implications for Physical Therapists

For the physical therapist working with Native American patients, it is important to be aware of common health problems occurring among the population as well as how these problems may interact with effective health care. Obviously, it is not necessary for the physical therapist to diagnose a patient with a previously mentioned condition. However, by being aware of symptoms, the therapist can make referrals to other health care professionals and can alter the rehabilitation program accordingly.

A Native American patient with diagnosed NIDDM will need a thorough initial evaluation and patient education related to his condition. Complications of NIDDM were discussed previously, but for the physical therapist, neuropathy and foot ulcers should be the main concerns. The most common form of neuropathy in NIDDM patients is a distal, symmetric, sensory deficit occurring in a stocking-glove distribution mainly in the feet and legs.²³ Numbness, tingling, and paresthesia may be present in the extremities.²³ During the initial evaluation, sensory tests must be conducted to determine the extent of sensory involvement, if any.

Diabetic neuropathy impairs the perception of trauma to an involved area and can lead to foot ulcers.²³ The physical therapist must examine the patient's feet for compromised tissue and must teach the patient about proper foot care. Common causes of ulcers could be improperly fitting shoes or pebbles and could lead not only to ulcers, but also to infections and in extreme cases, amputation.

Native American patients with diagnosed NIDDM can benefit greatly from an exercise program. For sedentary, obese patients, exercise over time may decrease the degree of insulin resistance.²³ However, these patients need to be monitored closely to prevent hypoglycemia. Patients should be taught to recognize symptoms of hypoglycemia in order to prevent the reaction from progressing further. The physical therapist should also be aware of symptoms which could include sweating, nervousness, confusion, or inappropriate behavior.²³ The symptoms generally subside upon carbohydrate intake.

Alcoholism and suicide are subjects not commonly addressed within the realm of physical therapy. But for a therapist working in a health care team environment, referrals to another provider may be necessary. Native American patients showing tendencies toward either of these problems will most likely not respond positively towards the rehabilitation process. In addition to psychological problems, such as depression or lack of motivation, the patient may be at risk for physical injuries. At this point, the therapist's main role may be that of a referral source to a physician, psychiatrist, or social worker. It is also important to recognize signs in family members which may require referral to

another health care source. Family members are an integral part of the patient's support structure and their health is important to consider as well.

For a physical therapist working with a Native American patient with tuberculosis, isolation techniques are necessary. Since the disease is transmitted by airborne means, the patient will be in his own room with special ventilation.²³ Gowns and masks are necessary if the patient is coughing and if excessive contamination of clothing is likely.²³ Since these isolation techniques are not used with every patient, it is important for the therapist to be aware of his responsibility to use these precautions with a patient with tuberculosis.

In this chapter, several common, chronic health problems which plague the Native American population were examined including recommendations for a physical therapist working with such patients. The following section reiterates main points and gives suggestions for gathering further information.

CHAPTER VI

CONCLUSION

Physical therapists in the workplace today must be able to accept the ongoing challenge of working with patients from different cultures. The therapist must recognize that the patient's culture can affect his views on health care and his acceptance of the rehabilitation program.⁴ The therapist must also be able to communicate effectively with the patient in order to facilitate rapport and promote a trusting relationship. Communication and rapport are facilitated by understanding the patient's cultural background.

Because of the large Native American population in the state, physical therapists in North Dakota are encouraged to take the initiative in learning about Native American cultures. This will enable the therapist to demonstrate respect and understanding of the patient's culture and will prevent ignorance and misunderstandings which could hinder effective care.⁵

The purpose of this paper was to inform the reader of some basic aspects of Native American cultures in order to facilitate communication between the patient and therapist. Preceding chapters have discussed the Native American family, Native American beliefs regarding health and illness, effective communication between the patient and therapist, and chronic health problems

plaguing the Native American population. The relationship of these issues to the practice of physical therapy was discussed as well.

Readers seeking further information are encouraged to seek the references used in this paper which are located at the University of North Dakota Chester Fritz Library and H.E. French Library of the Health Sciences. Further references can be obtained through other University of North Dakota departments, such as Indians into Medicine (INMED), Indian Studies, Indians into Psychology Doctoral Education (INPSYDE), Native American Programs, and Social Work.

A physical therapist's greatest asset, however, is a willingness to get to know and learn about each patient. By recognizing each individual's distinct characteristics and culture, a patient will be able to receive the most beneficial and effective health care.

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